

Risk Register Board March 2021 (extracted 15.03.21)

Strategic Objective	ID	Risk Description	Current risk rating	Initial risk rating	Key controls	Internal assurances	External assurances	Details of gaps in controls	Details of gaps in assurances	Progress	Review date	Risk Owner	CCG Committee
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	839	Waiting times for CYP with Autism in the City exceed NHS Target of 18 weeks. This is being monitored 6 weekly. This results in CYP and families struggling to maintain daily life and CYP education attainment and wider social inclusion.	High Risk 12	High Risk 12	CYP Autism Waiting list reduction trajectory agreed - 18 week compliance by June 2021. This is being monitored 6 weekly. New staff team were in place from Winter Sept 2019. Engagement with Charities - Matthew's Hub, Amn higher, KIDS to ascertain additional input and support to CYP and families who are awaiting assessment and diagnosis.	There are internal assurance processes in place through the CME and contract monitoring and review meetings in relation to the lead organisation (HFT). Autism Flashcard produced and updated monthly which is shared with joint commissioning board at the CCG. SEND - Hull City Council - monitoring monthly.	There are external assurance processes through CYP THIVE Board and SEND monitoring which reports to the CYP and Maternity Programme Board (CCG) and to the Children and Families Board (Partnership).	Med Bradford 18.06.20 Recruitment of staff team complete to enable delivery of the service model and overall reduction in waiting times. Recruitment of new staff team required to enable delivery of the new service model and overall reduction in waiting times. new staff team recruited and all staff will be in post by September 2019	Adequate assurances in place.	24.02.21 - Joy Dodson A Multi Agency ASD Task Group established to implement a recovery plan for the Hull paediatric autism assessment and diagnosis waiting list. 18.12.20 - Joy Dodson Access into educational settings continues to be restricted and referrals are increasing across the autism term. Engagement with the service and families continues through the SEND Partnership Group. Joint training for SENCOs to support children and young people's needs regardless of diagnosis. 14.10.20 - Joy Dodson Access into educational settings remains restricted due to 'bubbling' of children which impacts on some elements of delivery however virtual assessment is being undertaken wherever possible. Support and advice continues to be available to families to assist with their child or young person's needs. 26.08.20 - Karen Ellis: Services reviewing capacity going forward to ensure that potential capacity/demand dynamics are understood in preparation for schools reopening under COVID restrictions. Use of rooms for ongoing general mental health support and liaison for online assessment continues. Matthew's Hub still available for support within social distancing parameters - offering group sessions to help young people to connect with others with similar challenges. Schools and Services anticipating increased severity of clinical presentation once return to school occurs	30/04/2021	Dodson, Mrs Joy	Planning and Commissioning Committee
8 - Delivery of Statutory Duties	855	Failure to achieve the control total for the financial year, non achievement of a critical financial target - potentially resulting in adverse attention at a local and national level.	High Risk 8	Extreme Risk 16	Expenditure for months 1-6 was covered through a national top up process ensuring a break even position for that period. For months 7-12 the CCG is required to play a part in the delivery of a system control total for the Humber region. The CFO is playing a key role in the development of system financial plans. NHS Hull is acting as Lead CCG for the region and therefore controlling and monitoring the utilisation of system funds for Provider Top-Ups, Growth, Covid and System Development Funds. A financial plan for months 7-12 has been produced and submitted to the region. Budgets have been set in line with this plan and monitored on an ongoing basis. Due to the way that plans were set across the system (Hull), as the lead CCG, had a surplus plan and the other CCGs had deficit plans in order for each CCG to achieve their statutory duty to break even Hull will need to 'overspend' against its plan. Regular reporting internally and externally, Prime Financial Policies, Scheme of delegation and Standing Orders.	Robust financial Management System (including early warnings). Reporting to CCG Board, Quality and Performance Committee, and Integrated Audit and Governance committee	External Audit through KPMG; Internal Audit through Audit Yorkshire; Reporting to NHS England and Improvement.	Adequate controls in place.	Adequate assurances in place.	05 - 16/02/21 A financial plan for months 7-12 has been produced and submitted to the region. Budgets have been set in line with this plan and monitored on an ongoing basis. Due to the way that plans were set across the system (Hull), as the lead CCG, had a surplus plan and the other CCGs had deficit plans in order for each CCG to achieve their statutory duty to break even Hull will need to 'overspend' against its plan. As we are now working towards a system control total rather than an organisational control total this is not a cause for concern. Planning for 21/22 has been delayed until at least the end of Q1 with contracts with providers rolling forward. 05 - 26/10/2020 The CCG is complying with the guidance issued by NHSI for the second half of the year. Baseline contracts with other NHS organisations have been determined nationally and then modified to include system financial resources. These are held by Hull CCG and distributed in line with agreements reached between each finance leaders. The Humber region is subject to a system control total with organisations having to achieve this collectively but not necessarily individually. This requires a significant amount of co-ordination. Draft financial plans have been produced by all organisations and are being reviewed. 05 - 19/6/2020 Substantial Changes to the financial regime following covid and the CCG is following guidance issued by NHS I/1. This includes all payments to NHS Providers being through nationally determined block contracts and NHS E/1 taking back resources and contracts for the provision of acute care provided by the independent sector. It is expected that requirements around control totals may change, however this will be managed at a national level.	15/06/2021	Slyner, Mrs Emma	Integrated Audit and Governance Committee
3 - Support the delivery of financial strategies and actions as enablers to system-wide transformation.	867	Failure to produce a comprehensive financial Medium Term Financial Plan that takes account of allocation adjustments (e.g. Better Care Fund, updated allocation formula) that reflects the commissioning strategy and complies with planning guidelines.	High Risk 12	High Risk 12	Months 1-6 were backed by the government to ensure a break even position. During that period expenditure changed significantly to what had originally been planned due to the new financial regime implemented due to Covid-19. For months 7-12 a revised financial regime has been developed and the CCG has produced a draft plan that is in line with this. This reflects the expected expenditure for the rest of the year which cover system based funding (to host CCG) as well as other new policies such as the Hospital Discharge Scheme, changes in acute independent sector commissioning and primary care schemes. This plan has been converted into its MTFP format and budgets are being uploaded to the ledger in line with this. Confirmation is required from the system that submitted positions are acceptable and enable system compliance with control totals before being finalised. Following this there will be continuous updating of the MTFP with contract variations and reconciliation to the general ledger. The Finance Team work closely with commissioners to understand required expenditure and strategic direction, including the impact of the Better Care Fund. Work closely with the Area Team to understand and anticipate allocation adjustments and the requirements of the planning guidelines.	Financial plan updates provided to Planning and Commissioning Committee on a regular basis. The CCG will approve the financial plan prior to finalisation. Updates on planning guidelines and pending allocation adjustments are shared through CCGB, SLT, PACC, Q&PCC.	NHS England pay close attention to the financial position of the organisation throughout the year and review and challenge the submitted financial plan.	Adequate assurances in place.	Adequate assurances in place.	05.16/03/21 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan is in draft format for the period 7-12. The financial regime for 2021/22 and beyond has yet to be communicated. 05.26/10/20 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan is in draft format for the period 7-12. The financial regime for 2021/22 and beyond has yet to be communicated. It is for this reason that the risk score has been increased. 05.19/6/20 - Financial planning for 2021 was completed, however following COVID new processes and guidance has been issued which has resulted in an emergency period from the 1st of April to the 31st of July. The CCG is complying with all elements of the new guidance and working closely with NHS E/1 to ensure that the CCG's financial position remains stable. 05.18/12/19 - Financial planning guidance due to be published shortly with 2020/21 - submission due before the end of the financial year. Planning for activity and finance already underway as part of the STP plan submission process.	26/06/2021	Slyner, Mrs Emma	Integrated Audit and Governance Committee
6 - Develop an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision.	902	CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. M Napier 19.02.21 This risk is further exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems.	High Risk 12	Extreme Risk 16	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Schemes, Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES. Development of HCAV primary care workforce modelling as part of out of hospital care work-stream.	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee, STP Strategic Partnership Board to oversee out of hospital care work-stream.	External support for practice groupings to cover support for addressing workforce challenges	Need for NHS Pensions issue to be addressed at a national level to address the increasing number of GP retiring.	Adequate assurances in place.	Phil Davis - 15/02/21 - PCNs continuing to recruit to the ARRS posts. At end of Q3 approximately 3/4 of recruitment plans were achieved. Covid-19 vaccination programme commenced December 2020. All PCNs delivering programme through national Enhanced Service. NHS E has supported practices in delivery through both additional resource (ESon nationally) for delivery of the programme and also through relaxation of certain national requirements and through income protection. PCNs being supported in workforce impact of vaccination programme through vouchers, including through local VCS and also CCG staff supporting delivery of vaccination sessions. New contract arrangements for 2021/22 include additional facilities regarding ARRS as well as a new mental health practitioner role for PCNs to recruit in partnership with mental health providers. Work commenced with PCNs and HFT to progress. Phil Davis - 07/10/20 - PCN workforce plans for Additional Roles Reimbursement Scheme completed and updated to reflect new roles added to the scheme. Work on going with wider health community regarding rotational posts. Further work underway to understand practice staff risk assessments including RAME staff. Process in place for reporting and to support practices regarding contact identification when staff 2021 position. Advice provided to NHS staff re NHS COVID-19 app use when in surgery. Phil Davis - 26/08/20 - Risk rating reduced as hasn't been reduced following 13/08/20 update (raised at PACC meeting 28/08/20). Phil Davis - 13/08/20 - Strip reports continuing with PCNs, numbers of staff absent has reduced further over July and into August. Impact of contact tracing and risk assessment (see risk 957) being monitored through strip and Outbreak Management Plan. PCNs being supported to develop workforce plans which are required by end August. Risk rating reduced to reflect reduced numbers of staff absent. Phil Davis - 17/06/20 - Daily strip reports show reductions in staff absence and staff unable to work remotely. Practices and PCNs developing models of service delivery to minimise risk of staff needing to self-isolate as a result of test and trace. CCG to support PCNs develop workforce plans by August and progress recruitment to additional roles. PC based CMHT workers model being developed and roles to recruited to.	15/04/2021	Davis, Phil	Primary Care Commissioning Committee
8 - Delivery of Statutory Duties	911	Humber Foundation Trust have pressures on skill mix and overall staff resource available, impacting availability of the Trust to provide the full range of services. This could result in the maximum 16 weeks and 52 weeks waiting time for mental health services not being achieved and patient care not being adequately monitored during the period of waiting.	High Risk 9	High Risk 12	Humber Trust internal strategies/controls inc Board Performance Reports Remedial actions monitored via Humber Clinical Quality Group and Corporate Management Board Monitored through System Resilience Group Regular Safer Staffing report to Quality meeting Business Intelligence and Quality Team report to Quality & Performance with ability to escalate to Board as necessary. In addition also monitored via the local Quality and Surveillance report to NHS England which includes input from NHS England/NHS Improvement and Care Quality Commission.	Lack of information from Humber on the current waiting lists for Mental Health services for local residents and how the Trust is managing this position. Hull and ERY CCG formal requesting information under the requirements of Service Condition 28.3 of the contract for information. Safer Staffing Report	Trust internal bed management monthly meeting Trust Performance report to Trust Board	Increased system resilience, and timeliness of communication and escalation of communication across the local health and social care economy needed.	Adequate assurances in place.	25/7/21 DL - The CCG has received limited information from Humber on the current waiting lists for Mental Health services for local residents; how the Trust is managing the post covid position. Hull and ERY CCG have formally requesting information under the requirements of Service Condition 28.3 of the contract for information. In ongoing clinical pressures with workforce resources the Quality forum have a focused session on workforce scheduled, outlining the Trusts workforce recruitment and retention strategy, a post covid position. 28.08.20 RT Staffing remains a pressure for Humber Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. Also report plans to mitigate risk including recruitment activities and skill mix plans 08.09.20 RT Staffing remains a significant pressure for Humber Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. Humber are well represented at a number of workforce meetings demonstrating their engagement in efforts to improve the workforce situation. This gives added assurance on their efforts to address this issue. 10.07.20 RT Staffing remains a significant pressure for Humber Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. In addition work has been shared on efforts to improve skill mix within the Trust an efforts to recruit additional staff via new routes eg Apprenticeship and Nursing Associates. Humber are well represented at a number of workforce meetings demonstrating their engagement in efforts to improve the workforce situation. 27.03.20 Rob Thompson Risk continues but is being monitored at the Humber Quality Delivery Group Meetings regularly. The Trust provides agenda specific feedback at every meeting on services with long waits and how the risks to patients are managed. The Trust is engaging in specific pieces of work looking at skill mix and recruitment to improve staffing levels. There is also a specific work stream looking at waiting times for Community Mental Health Team.	07/04/2021	Linley, Clare	Planning and Commissioning Committee, Quality and Performance Committee

2 - Advance at system level the delivery of the commissioning priorities set out in the NHS Long Term Plan.	915 There is significant patient and public opposition to plans for the development of new models of care resulting in services not being sustainable.	High Risk 12	High Risk 12	Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Blueprint.	Reports to the Communications and Engagement sub-group and the Primary Care Commissioning Committee.	Regular reports and consultation with the Hull City Council Health and Wellbeing Overview and Scrutiny Commission.	Adequate controls in place.	Adequate assurances in place.	<p>Phil Davis - 15/02/2021 - HCV engagement report presented to Primary Care Commissioning Committee 22/01/20. Variable views of public regarding total triage and digital first models of care. Most people had been able to access care but inequalities were apparent; opinions of NHS 111 and NHS App were mixed; majority of people's experience of total triage were positive; digital first works for approximately half of respondents; patients prefer health information from NHS sources. On-going public engagement will be required regarding changes to service delivery as services emerge from the pandemic.</p> <p>Phil Davis - 07/10/2020 - HCV engagement report awaited. National campaigns regarding primary care being developed regarding accessing general practice. New edition of My City My Health My Care being prepared. Continuing oversight of comments received through social media.</p> <p>Phil Davis - 13/08/2020 - HCV engagement currently live and participation being encouraged. Feedback also being received through CCG social media sites. Primary Communications and Engagement Group meeting to be held to consider next steps required regarding engagement including potential national and more local plans.</p> <p>Phil Davis - 17/06/20 - HCV wide piece of engagement work planned to obtain patient/public views on changes to services to support on-going service delivery plans.</p> <p>Phil Davis - 16/04/20 - In light of COVID-19 all practices following national guidance to implement telephone triage, telephone and video consultation, electronic prescribing etc. to minimise face-to-face activity. National and local communications supporting this approach.</p>	15/04/2021	Davis, Phil Primary Care Commissioning Committee
4 Delivery of Statutory Duties	918 11.10.2019 Update: Risk description remains. Risk score increased to 9 due to the issues related to long waiting times for children requiring autism assessment and speech and language therapy. That the CCG is not compliant with the statutory requirements identified within the Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (DfE and DH 2015) that relates to Part 3 of the Children and Families Act 2014.	High Risk 9	High Risk 9	05.02.2020 Update The outcome letter of the joint SEND inspection (dated 4 December) and published 23 December 2019. The letter states the area has made sufficient progress in addressing two of the four significant weaknesses identified at the initial inspection. However, the area has not made sufficient progress in addressing two significant weaknesses: Families are involved in decision-making about the services and support they need and are aware of the resources available to them in the local area There is an effective strategy in place for jointly commissioning services across education, health and social care. The revised SEND Improvement Plan (October 2019 – 2020) focuses on co-production with children, young people and families and frontline professionals, improvements to SEND data and performance through the development of JNA and dashboard that will be used to improve joint commissioning of services. Work in relation to short breaks, personal budgets, autism, speech and language and sensory processing services will continue with the aim to evidence improved outcomes for children and young people. The governance structure related to the SEND Improvement plan are being reviewed and implemented through the overarching SEND Strategic Board co-chaired by the LA Director of Children's Services and the CCG Director of Integrated Commissioning. The Department of Education and NHS England will determine the next steps and requirements through a meeting with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the DfE and NHSE.	09.02.2020 Update The SEND Strategic Board will ensure the SEND improvement plan demonstrate improved performance and outcomes for children and young people with SEND and their families within a model of co-production with parents, children and young people and key stakeholders. The SEND Delivery Group replaces the previous SEND Assurance Forum and the inaugural meeting will be chaired by the CCG Director of Integrated Commissioning. This group is responsible for driving forward the improvement plan and reports to the SEND Strategic Board. Further assurances related to CCG-led elements of this work are reported through CCG Joint Commissioning Forum, Quality and Performance Committee, Planning and Commissioning Committee and the Hummer Foundation Trust Children's and Learning Disability Delivery Group.	05.02.2020 Update The Department of Education and NHS England will determine the next steps and requirements through a meeting with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the DfE and NHSE on a quarterly basis. 11.10.2019 Update Progress and impact including external assurance is through the SEND Strategic Board (Director level) and the SEND Accountability Forum (SAF) with CCG and Designated professional representation. Reports are made and monitored via: - Hull Children, Young People and Families Board - Hull SEND Board Partnership working with HCC and local providers through the agreed SEND work plan through the boards.	Adequate controls in place.	Adequate assurances in place.	<p>14.02.21 Joy Dodson SEND Joint Commissioning Strategy and Coproduction Charter completed and approved. Improvement planning well underway via focus groups/listening events to gather lived experience. Coproduction embedding events scheduled for March.</p> <p>16.12.20 Joy Dodson SEND review meeting with Department for Education 15.12.20 Progress was acknowledged as positive and going in the right direction but needs to be embedded. DfE will continue to monitor the delivery of the SEND Accelerated Progress Plan.</p> <p>14.10.20 Joy Dodson Continued monitoring of the delivery of the SEND Accelerated Progress Plan by the Hull SEND Strategic Board, the Hull Children's Services Improvement Board and the Children's Commissioner appointed by the Department for Education. The DfE has scheduled their next formal review for December 2020.</p> <p>24.07.20 Bernie Dawson Risk Update Risk remains 9 (High) due to impact of Covid 19 in relation to progressing the requirements of the SEND Accelerated Progress Plan (APP). Progress continues to be monitored through the SEND Strategic Board and Children's Services Improvement Board. The DfE issued a statutory direction letter to Hull City Council 23/06/2020 that outlines the Flexible arrangements to support delivery and continued improvement during the Covid-19 crisis. This includes the requirement for improvement plans to be monitored and updated with delivery risks due to Covid-19 clearly identified. The latest SEND Strategic Board (July 2020) and the Children's Commissioner have noted positively the progress and actions taken to date in relation to Covid-19.</p>	30/04/2021	Dodson, Mrs Joy Integrated Audit and Governance Committee
4 Delivery of Statutory Duties	923 The Clinical Commissioning Group (CCG) support services do not have effective Business Continuity Plans in place to support effective maintenance of CCG functions.	High Risk 9	High Risk 9	Formal assurance process with regard to CCG support functions and scenario testing to include support services.	EPRR / BCM group work programme. Involvement in regional EPRR/BCM testing exercises and implementation of any learning from them.	NHS Self Declaration Compliance for 2019/20.	Adequate controls in place.	Adequate assurances in place.	<p>15.03.20 - Michelle Longden - BCM Plans to be reviewed by BCM Group / BCM Lead to ensure fit for purpose.</p> <p>15.12.20 - Michelle Longden communication sent to all staff regarding reviewing and updating Emergency communication cascade system / CCG Business Continuity Management plans.</p> <p>17.10.20 - Mike Napier - Teams requested to review and update BCM plans in line with change of working arrangements due to covid 19.</p> <p>10.09.20 - Michelle Longden - Teams continue to test and update BCM plans to ensure they are fit for purpose.</p> <p>29/06/20 - Michelle Longden - No further update, potential gaps to support plans such as IT elements continue to be worked through.</p> <p>22/05/20 - Michelle Longden - Teams continue to develop plans - current working situation has identified potential gaps which are being developed.</p> <p>26/02/20 - Mike Napier - Date to be scheduled for BCM plans to be reviewed across all Directorates.</p> <p>18/12/19 - Michelle Longden - Cascade methods for communication to be reviewed and any actions taken accordingly.</p>	09/04/2021	Napier, Michael Planning and Commissioning Committee
8 Delivery of Statutory Duties	924 Lack of coordinated Emergency Preparedness Resilience and Response (EPRR) Business Continuity Management (BCM) systems across the Hull North Lincolnshire, North East Lincolnshire and East Riding Clinical Commissioning Group Health System (including senior manager on call) which could result in inability to maintain effective joint support arrangements, poor service continuity and reputational damage to the CCG.	High Risk 8	High Risk 8	EPRR / BCM plan in place, mutual aid arrangements agreed, shared on call rota and coordination between Hull CCG, North Lincolnshire and East Riding CCG, single on call file.	EPRR / BCM group work programme.	NHS Self Declaration Compliance for 2019/20.	Refresh on call file to be finalised.	Adequate assurances in place.	<p>12.03.21 Mike Napier - Disaggregated on-call arrangements have remained in place in the interim period. These have provided greater resilience and robustness to the system requirements; including in relation to Director on-call pandemic response, winter pressures and adverse weather events. Revised arrangements to remain in place for the remainder of 2021/22.</p> <p>27.10.20 - Mike Napier - This arrangement of on call rota / North and South of the river took place during Covid Wave one system response in order to afford appropriate focus on the two distinct systems. This position has been reviewed by the CCG Chief Operating officers and agreed that it will continue for the remainder of the year. Work has been completed to meet the enhanced monitoring and reporting arrangements for winter pressures and potential wave two of the pandemic.</p> <p>10.09.20 - Michelle Longden - work continues to consolidate systems and plans across CCG's and to ensure they are fit for purpose.</p> <p>29.06.20 Michelle Longden - joint on call pack now available, work continues to consolidate systems and plans across CCG's and to ensure they are fit for purpose.</p> <p>22.05.20 Michelle Longden - joint On call rota in place, co-ordination of systems and plans across CCG's continues to be consolidated.</p> <p>26.02.20 Michelle Longden - On Call workshop took place, actions agreed in regards to joint on call arrangements, co-ordination of systems and plans across four CCG's continues to be consolidated.</p>	10/04/2020	Napier, Michael Planning and Commissioning Committee
5 Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities, targeting in particular the most disadvantaged in local communities	929 Clinical risk impacting on patient safety and quality - due to capacity and availability of CCG (Care Quality Commission) registered Nursing Care Homes in Hull and East Riding.	High Risk 9	Extreme Risk 14	The new operating model for adult social care is based around supporting people outside of residential care. The NHS CHC (NHS Continuing Healthcare) team and social worker practice supports individuals as far as possible in remaining in their own homes. This will reduce some of the demand for nursing beds. Access arrangements have been reviewed as part of the NHS funded care transformation programme with the aim to introduce a more robust criteria and assessment to ensure only those who absolutely need to be admitted to nursing care (not residential care with community nurse support) are placed into nursing beds. The transfer to assess process is in post and more robust application of the FNC (funded nursing care) eligibility criteria is in place.	The Continuing Healthcare team review nursing case applications and report on appropriateness to the Head of NHS Funded Care.	Updated 30/10/20 CD - July 2018 the Local Authority and the CCG agreed a joint framework for residential and nursing care provision in the City - the framework is for 6yrs with an option to extend for a further 2 years this was agreed with the intention of building stability in the market and providing a sustainable funding stream enabling care providers to plan their business offers - access to the framework is by a Dynamic Purchasing System which is in turn facilitated by the LA brokerage team. The process of brokerage and DPS enables more dynamic discussions to take place with the market with respect to meeting local demand. Therefore, were additional investment or a change in FNC funding streams were to take place the DPS will enable the required market shaping to take place. The Local Authority are the lead commissioners for care homes in the City and a new procurement exercise is scheduled to start in April 2018. This process will see addressing the underlying issues around the sustainability of nursing care homes.	There is limited capacity with existing community services to support individuals to reside in residential care homes as an alternative to nursing care homes. CCG funding has been agreed for a new health in care homes team and there are links to the integrated care centre and frailty pathways. Additional funding has been made available for CHCP to increase community staff to support in care homes.	It is unlikely that existing commissioning activity will prevent market failure.	<p>Update DL/CD - project working with the LA is currently focussed upon block purchasing a total of 9 dedicated nursing beds from x2 separate providers, in supporting the discharge pathway.</p> <p>Consideration is being afforded to aligning the CHC nurse oversight to this in supporting the FNC assessment and co-ordination of any specific training and/or equipment required to support safe transfers of care. The project will be 3-6 months funded via the DZA national funding stream and review will be undertaken involving all system partners to assess the project and identify and learning that can be taken forwards. Application will be submitted to the DZA Strategic Oversight Group for their endorsement to draw down from the national DZA funding stream. A review period 6 months to capture the outcome of the evaluation</p> <p>update 26/10/20 - Chris Denman - last update 26/10/20 No change in provision - capacity remains static at this time - oversight of the market is picked up through joint commissioning forums and monitored daily via the capacity tracker. The issue is of national concern; the changing demographics of presenting need and the progress being made to ensure people remain in their own homes longer has had a significant impact in reducing the demand for registered nursing services. The demand for community based nurse provision has increased and the knock on effect being difficulties in registered provision recruiting and retaining gain registered nurses. This in turn results in an increased reliance on agency resource which makes the financial returns for the provider to maintain nursing registration unpalatable. Discussions have been raised with NHS-ET to review the FNC funding and allocation framework. Monitoring of the local situation will be closely followed and escalated were demand starts to compromise local supply as well as the ongoing financial sustainability of the market.</p> <p>update 29/7/20 - Deborah Lowe - last updated 19/6/20 No change in provision at this time although good oversight of capacity. A Care Homes Capacity Tracker now in place and well established over recent months, enabling daily oversight of bed availability and levels of confidence in respect of quality and other issues including workforce. Further support being delivered by LA in respect of updates against the tracker, at this time approx. 60 homes updating the reporting data. Care Quality Board meeting now recommended following a COVID pause - all capacity, suspensions and quality issues which may impact upon vacancies and availability of beds addressed within this meeting. Hull currently has 5 providers who have 7 nursing care homes in Hull. FNC care monies are currently ring fenced to a 24hr residential based nursing provision.</p>	07/04/2021	Linsley, Clare Quality and Performance Committee

6 - Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision	930 Practices may not remain part of a Primary Care Network (PCN) and therefore do not support delivery of the CCG Strategic Commissioning Plan for Primary Care and are unable to access resources associated with PCNs thereby making themselves vulnerable/unustainable.	High Risk 8	High Risk 8	Integrated Delivery Framework - developed October 2017 Local Quality Premium Scheme - 2018/19 scheme developed OD and other support to practice growing - on going	Reports to Primary Care Commissioning Committee	Reports to NHS England as part of regular CCG performance reviews	Adequate controls in place.	Adequate assurances in place.	<p>Phil Davis - 15/02/21 - PCNs implementing OD plans with support from CCG and NHSE.</p> <p>Phil Davis - 07/10/20 - PCN OD plans being reviewed.</p> <p>Phil Davis - 13/08/20 - All practices across the CCG continue to be a member of a PCN.</p> <p>Phil Davis - 17/06/20 - All practices have signed up to the Network DES - the 5 PCNs in Hull will continue from July in their current form. Practices within PCNs and the 5 PCNs have worked collaboratively to respond to COVID-19 and the additional asks of primary medical care services (e.g. care homes enhanced services).</p> <p>Phil Davis - 16/04/20 - COVID-19 has resulted in limited further progression of PCN OD Plans. However practices in PCNs are working collaboratively to develop solutions to the challenges of COVID-19 e.g. - Hot/Cold sites and home visiting services etc. No practices have advised the CCG that they do not wish to remain part of a PCN or participate in the Network DES.</p> <p>Phil Davis - 13/02/20 - CCG to support PCNs in progressing and implementing OD plans. National service specifications published in December refreshed, two being deferred, along with changes to Additional Roles Reimbursement Scheme to provide 100% reimbursement for a wider range of roles.</p>	15/04/2021	Davis, Phil	Primary Care Commissioning Committee
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	932 Paediatric Speech and Language (SLT) Service. Waiting list for initial assessment and treatment is extensive. The joint local area SEND Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing recruitment.	High Risk 12	Extreme Risk 14	<p>05.02.2020. Update</p> <p>The CCG continues to monitor and review progress on the SLT service development and improvement plan (IDP) and evidence of improved performance and outcomes at bi monthly service development meetings and through the Humber Foundation Trust Children's and Learning Disability Delivery Group. Contractual processes remain in place and the recent Contract Variation has included a revised Service Specification, SOP and additional recurrent funding.</p> <p>11.10.2019. Update</p> <p>The CCG has increased recurrent investment into the service (July 2019) that will increase workforce capacity and support a longer term sustainable service. Additional funding has been agreed that will strengthen the wider system work for speech language and communication needs with a focus on early years, early identification and early help.</p> <p>Bi monthly Service development meetings led by HFT and attended by CCG lead officers monitor and review progress against the service development and improvement plan. This is reviewed at various contracting and other forums including Humber Children and Learning Disabilities Group, CCG Planning and Commissioning and Quality and Performance Committee. Additional executive summit meetings also provide additional oversight of progress, impact and outcomes.</p> <p>Hull CCG have agreed additional non recurrent funding (June 2018) to support the service to recruit additional resource that will reduce the waiting list and undertake service remodelling. Contract variation to be completed once service level data including waiting lists have been completed and trajectory agreed.</p>	<p>05.02.2020. Update</p> <p>Internal assurance continue that include non Commissioning Forum and relevant CCG Committees and Board.</p> <p>The HFT Children and Learning Disability Delivery Group, HFT/CCG CTG meetings also provide assurance.</p> <p>11.10.2019. Update</p> <p>Internal assurance continue that include Joint Commissioning Forum and relevant CCG committees and Board.</p> <p>Reports to Hull CCG Planning and Commissioning and Quality and Performance Committees.</p> <p>Reports to HFT Children and Learning Disability Delivery Group.</p> <p>HFT/CCG CTG meetings will take forward the review of the submitted performance data for data cleansing and assurance purposes and to inform the refreshed waiting list trajectory.</p> <p>SEN Written Statement of Action (WSOA) and Improvement Plan - monitored by the SAI Board and reported to the Children's Services Improvement Board. SEND WSA monitored by DfE and DH on quarterly basis.</p>	<p>05.02.2020 Update</p> <p>The revised SEND Improvement Plan includes a focus on SLT service improvement and evidence of improved performance and outcomes for children and young people.</p> <p>The outcome of the SEND Inspection Revisit in October 2019 makes clear reference to the concerns of parents and carers related to timely access to this service. The DfE and NHSE will determine next steps at a meeting with LA and CCG executive leads in February 2020.</p> <p>This is likely to include continued external monitoring by DfE and NHSE.</p> <p>11.10.2019. Update</p> <p>The WSOA and SEND Improvement Plans have been monitored quarterly by DfE and NHSE. Concerns have been raised at the data visits regarding the lack of progress and impact of the service improvement plan.</p> <p>The joint SEND Inspection revisit will take place 15-17 October 2019 and has a specific focus on speech and language therapy services outcomes and impact.</p> <p>SEN Written Statement of Action (WSOA) and Improvement Plan - monitored by the SAI Board and reported to the Children's Services Improvement Board. SEND WSA monitored by DfE and DH on quarterly basis.</p>	<p>Provider engagement with the CCG and slow to progress recruitment, data collection and reporting and service improvement plans. This has been escalated through the improvements at a required pace. Data submitted is not assured at this time - CTG undertaking work with the provider.</p>	<p>24.02.21 Joy Dodson</p> <p>Support for families and alternative methods of deliver continue during national restrictions.</p> <p>16.12.20 Joy Dodson</p> <p>Access to educational settings remains restricted but virtual solutions have been successful for most families and the overall waiting list has reduced overall although new referrals are significant in the autumn term. The proportion of children waiting over 18 weeks has reduced and ongoing support for parents and families during periods of waits continues. Successful outcomes have been achieved through the SLCN assistant practitioners working with early years teams.</p> <p>14.10.20 Joy Dodson</p> <p>Service delivery continues virtually unless clinically indicated due predominantly to C19 requirements for PPE as well as access to educational settings. The caseload and waiting list are tracked and managed in accordance with clinical need. The parents/carers of children and young people with EHC Plans have had contact with the service. Support and guidance is available to all families awaiting assessment or intervention.</p> <p>24.07.20 Risk Update. Bernie Dawson</p> <p>As of May 2020 There are a total of 418 children waiting for SLT</p> <p>442 CYP waiting for SLT initial assessment (decrease). Of those, 148 were waiting over 18 weeks (increase). The average wait is 16.3 weeks (increase) and longest wait 44.7 weeks (decrease). 376 CYP waiting for first intervention/treatment (decrease). Of those 144 were waiting over 18 weeks (RTT) (decrease). The average wait is 30.8 weeks (decrease) and longest wait 79.4 weeks (increase). Due to the increase in total numbers waiting and the decrease in the number of children waiting over 18 weeks for RTT the risk has been maintained as high.</p> <p>The impact of Covid 19 has resulted in a significant reduction in the number of referrals and reductions in service activity. Compliance with government guidance and systems of working continue to impact on service provision for the foreseeable future. The service is working with education settings to plan delivery from September. The service is using digital options where possible and prioritising clinical need for face-to-face contacts. The service is referring applicants for online assessment and refreshing the trajectory. It is highly likely the service will see a significant surge of referrals in the autumn term so coping with an escalation in provision requires a high level of readiness.</p> <p>Work is progressing within the early years Speech Language and Communication Needs (DCLN) programme. The SLCN practitioners are working with identified children and their families through the SEND early identification process in the first instance.</p> <p>The SEND Strategic Board and Children's Services Improvement Board maintain full oversight of this improvement requirement.</p>	30/04/2021	Dodson, Mr Joy	Planning and Commissioning Committee, Quality and Performance Committee	
8 - Delivery of Statutory Duties	939 Refreshed 25.11.19 Changes to the world's climate and the increase in global warming is having a significant impact including increasing weather extremes including heat waves, rain (flooding), cold. These weather extremes have a negative impact on how the CCG operates due to (1) impacts on the working environment arising from excessive heat or cold within the office based affecting individuals ability to work (2) weather extremes which may affect staff members ability to get into work or move about the City with ease due to flooding, melting road surfaces, etc. (3) drivers to reduce the CCG's carbon footprint impacting upon where the CCG can source items from	High Risk 10	High Risk 10	<p>Updated 29.06.20 KE</p> <p>Increased usage of none face to face meetings reducing travel and carbon footprint</p> <p>Updated 27.03.20 KE</p> <p>The CCG has Business Continuity Plans in place to maintain service delivery</p> <p>Sustainability Impact Assessment in place</p> <p>The CCG is working with partner organisations as required on this developing agenda</p>	<p>Updated 29.06.20 KE</p> <p>Increased use of none face to face contact across the CCG and amongst commissioned providers has reduce travel and thereby carbon footprint.</p> <p>Limited at present - identified through the EPRR self-assessment</p>	<p>25.11.19 Karen Ellis: The CCG has self reported as part of the national EPRR core competencies 'deep dive'.</p> <p>Limited at present.</p>	<p>Updated 29.06.20 KE</p> <p>Actions have been taken to reduce the CCGs carbon footprint</p> <p>Updated 27.03.20 KE</p> <p>The CCG needs to review and agree opportunities to reduce its carbon footprint is reduced.</p> <p>More consistent usage of sustainability impact assessments.</p>	<p>Following the formal risk assessment against climate change if an action plan is identified the CCG will need to agree where this action plan will be overseen</p>	<p>15.02.21 Karen Ellis - The CCG completed a self-assessment against national actions to reduce the CCG's carbon footprint and thereby reduce climate change. For those actions within the CCG's remit work is progressing against short/medium term actions. The positive impact of the pandemic continues with the CCG having a reduced carbon footprint related to the use of fossil fuels. This is offset by the carbon usage of under-utilised offices and the increased use of technology.</p> <p>27.03.20 KE</p> <p>There is ongoing continued benefits on the reduction of transport generating carbon footprint. This is, to a degree, balanced by the carbon footprint of the offices with relatively low occupancy. There have been no weather extremes over the summer months and planning is underway for the winter months.</p> <p>29.06.20 Karen Ellis</p> <p>Risk reviewed.</p> <p>The CCG's review process ensures that identified actions that address the drivers of climate change, such as carbon footprint, are reviewed when they occur and the CCG plans adjusted to incorporate this learning. The impact upon working practices arising from COVID 19 has also been incorporated as these reduce the CCGs carbon footprint and provide a more sustainable response structure to incidents including those arising from climate change.</p> <p>27.03.20 Karen Ellis</p> <p>Risk refreshed. Still awaiting national guidance which is anticipated will be paused due to the impact of other system priorities. Continued awareness to consider carbon footprint and overall system sustainability promoted.</p> <p>26.01.20 Karen Ellis - awaiting guidance for what should be included within baseline assessments from NHSE/I</p> <p>25.11.19 Karen Ellis - Risk refreshed to better focus on CCG. Baseline assessment remains outstanding.</p>	15/06/2021	Ellis, Karen	Planning and Commissioning Committee
8 - Delivery of Statutory Duties	940 Business information and performance risk in respect of compliance if unable to provide the statutory information within the reporting schedule for NHS England and NHS Improvement for Continuing Health Care.	High Risk 9	High Risk 12	<p>Data task & Irish group has been set up to scope impact and provide options to the steering group for approval/endorsement (governance systems are in place)</p> <p>The resulting impact may have a significant impact on the current model of Continuing Health Care delivery as well as the immediate proposals for long term delivery - the level of fragmentation in delivery of continued will have a significant bearing on the CCG being able to meet its statutory obligations for reporting going forward.</p> <p>Lead in time to finalise NHS England proposals and share with CCG's in December 19 - with a 12 month implementation phase for CCG's</p>	<p>An impact analysis exercise is currently being undertaken to identify viable options and levels of required resource. This will be presented to planning and commissioning in December 2019.</p>	<p>The CCG is involved in on-going WMAA meetings which are made up of CCG nominated leads which brings an opportunity to inform national service spec.</p>	Adequate controls in place.	Adequate assurances in place.	<p>Chris Denman update 01/12/2020 - NHSE/ digital team have made provision for CHC electronic recording systems on the national procurement framework - the local provider Broadcare is on the national framework with an extended offer to provide full end to end management case management function - discussions with the CHC provider have taken place to review the national offer against current gap analysis undertaken in prep for the new national CHC Data reporting. Discussions will continue in light of the proposed redesign of CHC/CCD delivery which would move to encompass the full framework process to be carried out by a CHC/CC Team - this will inform the electronic recording needs going forwards. The inclusion of CHC on the national procurement framework is a positive step forwards and ensures that a digital system is available to the CCG to ensure compliance with the national data reporting around CHC when the embargo on the national spec is lifted and the requirements are shared with CCG's. To reflect this I propose reducing the likelihood from Major to Moderate - this still presents as potentially high risk to the CCG</p> <p>CD - 01/10/2020 Review of the risk - during the Covid Pandemic response the impact has been to delay NHSE's planned data specification to CCGs that was to set out the full Data regime post April 2021. This document was not shared with CHC leads in CCG's and as yet there is no further guidance on immediate - that being stated the Local CHC delivery model is in the process of redesign and the engagement in the national discussion last year has enabled the issue in relation to Data recording and reporting for CHC to be embedded in those redesign discussions. The key priority for NHSE nationally with respect to CHC is the recovery and reintroduction of the National CHC Framework with respect to the current risk scores until clearer guidance has been published by NHSE to confirm arrangements for the collection and reporting of CHC Data going forwards the score should remain as 12 and regarded as a high risk</p> <p>Updates CD (instructed by DL119.8.20 - The planned changes to the national CHC data recording framework has been delayed as a result of the Coronavirus pandemic, at this time there has been no further confirmation on when the new technical specification will be published or when the planned changes will take effect, although speculation across the CHC network is that it will be April 1st 2022. Despite the lack of clarity Hull are continuing to move forwards with the remedialing of the data collection processes as the proposed new parameters of the intended changes are seen to be beneficial to collect and report on at a local level.</p> <p>The Head of NHS funded care will continue to monitor and inform the local redesign of the CHC process to ensure that recording and reporting systems continue to fall in line with the expectations of the National Framework.</p> <p>Debbie Lowe update 19/6/20 - COVID-19 Update - COVID-19 Hospital Discharge Service Requirements' issued by the Department of Health and Social Care (NHSE) on the 16th March 2020. This document set out the arrangements to ensure patients are safely discharged from hospital to free up capacity for COVID-19</p> <p>15/02/21 Phil Davis - Meetings between CCG PC Team and PCN Clinical Directors continuing. Additional support for Clinical Directors provided for CR 2020/21 by NHSE. Link managers continue to support PCNs. Bewell SLT receiving a seconded to a manager role to support PCN development. Practices being supported through CCG and LMC regarding business continuity plans.</p> <p>07/10/20 Phil Davis - Regular meetings held between PCN Clinical Directors and CCG Primary Care Team and PCN Link Managers. Options for further CCG support for PCN managers being explored. Collaborative Hull and East Riding work continues.</p> <p>13/08/20 Phil Davis - PCN Link Managers continuing to support PCNs regarding both COVID and other work. Collaborative working between Hull and ER CCGs has resulted in some economies of scale in supporting PCNs.</p> <p>17/06/20 Phil Davis - PCN Link Managers continue to support PCNs. Work to be undertaken to review PCN workforce and OD plans. Hull & ER Clinical Directors continue to meet fortnightly with CCG and LMC.</p> <p>14/04/20 Phil Davis - Each PCN has an allocated CCG support manager to support them. Due to COVID-19 focus has been on developing operational response including Hot/Cold sites. Work undertaken with IC Frailty Team and PCNs to allocate care homes in Hull to PCNs to support COVID-19 response and the delivery of the requirements of the Enhanced Care in Care Homes service specification in 2020/21.</p>	31/03/2021	Linsley, Clare	Quality and Performance Committee
8 - Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision	942 Lack of capacity/capability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.	High Risk 8	High Risk 8	<p>Core Primary Care Team in place within CCG - Strategic Lead, Head of Commissioning - Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS E/I Assistant Contracts Manager</p> <p>9 PCNs approved in Hull with Clinical Directors appointed.</p> <p>Support roles approved by CCG for each PCN - Lead Nurse, Clinical Pharmacist and BI role.</p> <p>Water support for PCNs from CCG teams - e.g. BI, Comms & Engagement.</p> <p>PCN self-completion of Maturity Matrix and OD Plans.</p> <p>Resource available through HCV STP for PCN and Clinical Director development.</p> <p>Humberdale LMCs Clinical Director development offer.</p>	<p>Reports to Primary Care Commissioning Committee regarding PCN establishment and development.</p> <p>Regular communication with PCNs and escalating of any issues to SLT if required.</p>	<p>Joint work with both Local Medical Committee and NHS E/I to support development of PCNs.</p>	Adequate controls in place.	Adequate assurances in place.	<p>15/02/21 Phil Davis - Meetings between CCG PC Team and PCN Clinical Directors continuing. Additional support for Clinical Directors provided for CR 2020/21 by NHSE. Link managers continue to support PCNs. Bewell SLT receiving a seconded to a manager role to support PCN development. Practices being supported through CCG and LMC regarding business continuity plans.</p> <p>07/10/20 Phil Davis - Regular meetings held between PCN Clinical Directors and CCG Primary Care Team and PCN Link Managers. Options for further CCG support for PCN managers being explored. Collaborative Hull and East Riding work continues.</p> <p>13/08/20 Phil Davis - PCN Link Managers continuing to support PCNs regarding both COVID and other work. Collaborative working between Hull and ER CCGs has resulted in some economies of scale in supporting PCNs.</p> <p>17/06/20 Phil Davis - PCN Link Managers continue to support PCNs. Work to be undertaken to review PCN workforce and OD plans. Hull & ER Clinical Directors continue to meet fortnightly with CCG and LMC.</p> <p>14/04/20 Phil Davis - Each PCN has an allocated CCG support manager to support them. Due to COVID-19 focus has been on developing operational response including Hot/Cold sites. Work undertaken with IC Frailty Team and PCNs to allocate care homes in Hull to PCNs to support COVID-19 response and the delivery of the requirements of the Enhanced Care in Care Homes service specification in 2020/21.</p>	15/04/2021	Davis, Phil	Primary Care Commissioning Committee

9 - Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.	997 Risk assessment of staff within general practice, in line with the NHS England and NHS Improvement "Risk assessments for at-risk staff groups" letter of 25th June 2020, and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services (e.g. face-face consultations).	High Risk 12	High Risk 12	Risk assessment tools and guidance available from NHS England and NHS Improvement	Situation reports provided by practices which include outcomes of staff risk assessments	Strep returns to NHS England and NHS Improvement	Adequate controls in place.	Adequate assurances in place.	<p>Phil Davis - 15/02/2021 - Practices continue to deliver services in line with national general practice SOP. CCG supporting practices with accommodation to support social distancing where necessary. Offer of Covid-19 vaccination to primary care staff in line with JCVI priority groups undertaken.</p> <p>Phil Davis - 07/10/2020 - Work on-going with practices to understand their Risk Assessments and ensure all staff have been reviewed.</p> <p>Phil Davis - 13/08/2020 - Practices have completed Risk Assessments on majority of staff and identified where action needs taking. CCG to review returns and identify any areas requiring for practices.</p> <p>Phil Davis - 28/07/2020 - Risk identified at Primary Care Commissioning Committee on 26/07/2020 as needing to be a separate risk. Previously had been incorporated in the broader primary care workforce risk. New risk will be reviewed by IAGC on 08/09/2020.</p>	15/04/2020	Davis, Phil	Primary Care Commissioning Committee
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Risk scoring = consequence x likelihood (C x L)
The risk score is calculated by multiplying the consequence score by the likelihood score.

Likelihood of occurrence	Consequences/Severity				
	1 1	2 Minor	3 Moderate	4 Major	5 Extreme
Rare 1 1	1	2	3	4	5
Unlikely 2 2	2	4	6	8	10
Possible 3 3	3	6	9	12	15
Likely 4 4	4	8	12	16	20
Almost Certain 5 5	5	10	15	20	25